

TRANSMITTAL LETTER TO THE UNITED STATES  
DESIGNATED/ELECTED OFFICE (DO/EO/US)  
CONCERNING A FILING UNDER 35 U.S.C. 371INTERNATIONAL APPLICATION NO.  
PCT/GB2005/000376INTERNATIONAL FILING DATE  
February 2, 2005PRIORITY DATE CLAIMED  
February 6, 2004

## TITLE OF INVENTION

METHOD AND SYSTEM FOR CONTROLLING RFID TRANSPONDER RESPONSE WAITING PERIODS

## APPLICANT(S) FOR DO/EO/US

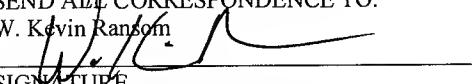
Christopher TURNER, Gervase GORDON, and John MCMURRAY

Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:

1.  This is a **FIRST** submission of items concerning a filing under 35 U.S.C. 371.
2.  This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. 371.
3.  This is an express request to begin national examination procedures (35 U.S.C. 371(f)). This submission must include items (5), (6), (9) and (21) indicated below.
4.  The US has been elected (Article 31).
5.  A copy of the International Application as filed (35 U.S.C. 371(c)(2))
  - a.  is attached hereto (required only if not communicated by the International Bureau).
  - b.  has been communicated by the International Bureau.
  - c.  is not required, as the application was filed in the United States Receiving Office (RO/US).
6.  A English language translation of the International Application as filed (35 U.S.C. 371(c)(2))
  - a.  is attached hereto.
  - b.  has been previously submitted under 35 U.S.C. 154(d)(4).
7.  Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))
  - a.  are attached hereto (required only if not communicated by the International Bureau).
  - b.  have been communicated by the International Bureau.
  - c.  have not been made; however, the time limit for making such amendments has NOT expired.
  - d.  have not been made and will not be made.
8.  An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).
9.  An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).
10.  An English language translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).

## Items 11. To 20. below concern document(s) or information included:

11.  An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.
12.  An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.
13.  A **FIRST** preliminary amendment.
- A **SECOND** or **SUBSEQUENT** preliminary amendment.
14.  An Application Data Sheet under 37 CFR 1.76
15.  A substitute specification.
16.  A power of attorney and/or change of address letter.
17.  A computer-readable form of the sequence listing in accordance with PCT Rule 13<sup>ter</sup>.2 and 37 CFR 1.821 - 1.825.
18.  A second copy of the published international application under 35 U.S.C. 154(d)(4).
19.  A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).
20.  Other items or information:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                         |                  |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------|
| U.S. APPLICATION NO. (If known, see 37 C.F.R. 1.50)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INTERNATIONAL APPLICATION NO.<br>PCT/GB2005/000376                                                                                                   | ATTORNEY'S DOCKET NUMBER<br>047717/315213                                                                                               |                  |                   |
| <input checked="" type="checkbox"/> The following fees have been submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                                                         |                  |                   |
| 21. <input checked="" type="checkbox"/> Basic national fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                      | \$300                                                                                                                                   |                  |                   |
| 22. <input checked="" type="checkbox"/> Examination fee<br>(If the written opinion prepared by ISA/US or the international preliminary examination report prepared by the IPEA/US indicates all claims satisfy provisions of PCT Article 33(I-4))                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      | \$200                                                                                                                                   |                  |                   |
| ..... \$ 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                      |                                                                                                                                         |                  |                   |
| All other situations..... \$200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                         |                  |                   |
| 23. <input checked="" type="checkbox"/> Search fee (37 CFR I.492(b))<br>If the written opinion of the ISA/US or the International preliminary examination report prepared by IPEA/US indicates all claims satisfy provisions of PCT Article 33(I)-(4) ..\$ 0<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority ..... \$100<br>International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB ..... \$400<br>All other situations ..... \$500 |                                                                                                                                                      | \$500                                                                                                                                   |                  |                   |
| <b>TOTAL OF 21, 22 and 23</b> =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      |                                                                                                                                         |                  |                   |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing in compliance with 37 CFR 1.821(c) or (e) or computer program listing filed in an electronic medium) (37 CFR 1.492(j))<br>The fee is \$250.00 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                                                         |                  |                   |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Extra Sheets                                                                                                                                         | Number of each additional 50 or fraction thereof (round up to a whole number)                                                           | Rate             |                   |
| - 100 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | /50=                                                                                                                                                 |                                                                                                                                         | x \$250          | \$                |
| Surcharge of \$130.00 for furnishing any of the search fee, examination fee, or the oath or declaration later the date of commencement of the national stage (37 CFR 1.492(h)).                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      | \$                                                                                                                                      |                  |                   |
| <b>CLAIMS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                      | NUMBER FILED                                                                                                                            | NUMBER EXTRA     | RATE              |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                      | 43                                                                                                                                      | -20 = 23         | X \$ 50.00        |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                      | 10                                                                                                                                      | - 3 = 7          | X \$200.00        |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |                                                                                                                                         | + \$360.00       | \$                |
| <b>TOTAL OF ABOVE CALCULATIONS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                      |                                                                                                                                         |                  | <b>\$ 3550.00</b> |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                      | \$                                                                                                                                      |                  |                   |
| <b>SUBTOTAL</b> =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      | \$                                                                                                                                      |                  |                   |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      | \$                                                                                                                                      |                  |                   |
| <b>TOTAL NATIONAL FEE</b> =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      | <b>\$ 3550.00</b>                                                                                                                       |                  |                   |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property +                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                      | \$                                                                                                                                      |                  |                   |
| <b>TOTAL FEES ENCLOSED</b> =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                      | <b>\$ 3550.00</b>                                                                                                                       |                  |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      | Amount to be Refunded                                                                                                                   | \$               |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                      | Amount to be Charged                                                                                                                    | <b>\$3550.00</b> |                   |
| a. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | A check in the amount of \$ to cover the above fees is enclosed.                                                                                     |                                                                                                                                         |                  |                   |
| b. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Please charge my Deposit Account No. 16-0605 in the amount of \$3550.00 16-0605 to cover the above fees.                                             |                                                                                                                                         |                  |                   |
| c. <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 16-0605. |                                                                                                                                         |                  |                   |
| Note: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b)) must be filed and granted to restore the application to pending status.                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                      |                                                                                                                                         |                  |                   |
| SEND ALL CORRESPONDENCE TO:<br>W. Kevin Ransom<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                      | ELECTRONICALLY FILED USING THE EFS-WEB ELECTRONIC<br>FILING SYSTEM OF THE UNITED STATES PATENT &<br>TRADEMARK OFFICE ON AUGUST 4, 2006. |                  |                   |
| SIGNATURE<br>REGISTRATION NUMBER 45,031<br>ALSTON & BIRD LLP<br>Bank of America Plaza<br>101 South Tryon Street, Suite 4000<br>Charlotte, NC 28280-4000<br>Tel Charlotte Office (704) 444-1000<br>Fax Charlotte Office (704) 444-1111<br>Customer Number 00826                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |                                                                                                                                         |                  |                   |